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** CONTINUING DATA *****

This appln claims benefit of 60/424,321 11/07/2002 OK

FHD

** FOREIGN APPLICATIONS ***** NO NO E

FHD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<u>FHD</u> Examiner's Signature	Initials	DRAWING 6	CLAIMS 36	CLAIMS 5

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TITLE

Ankle-foot orthosis

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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